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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> AREX-P03-004	
<b>Application Number</b> 09/376604		<b>Filed</b> August 18, 1999	
<b>For</b> THERAPEUTIC COMPOSITIONS THAT ALTER THE IMMUNE RESPONSE			
<b>Art Unit</b> 1642		<b>Examiner</b> G. B. Nickol	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☒ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
☒ attorney or agent of record. Registration Number 47,580  
☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

*Gloria Fuentes* November 28, 2005  
Signature Date  
Gloria Fuentes (617) 951-7000  
Typed or printed name Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 571-273-6300, on the date shown below.

Dated: 11/28/05 Signature: *Kathryn Lugo*  
(Kathryn Lugo)

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